



Certificate of Express Mailing

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FEB 13 2003
Technology Center 2600

"Express Mail" Mailing Label Number: EV218560394US

Date of Deposit: 02/07/2003

Ref: Case Docket No.: IBN-0014

First Named Inventor: John K. Renwick

Serial Number: 09/405,237

Filing Date: 09/23/1999

Title of Case: Apparatus and Method for Forwarding Data on Multiple Label-Switched Data Paths

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Response A.
2. Response transmittal.
3. Duplicate Response transmittal.
4. Check for fees in the amount of \$307.00.
5. Certificate of express mailing.
6. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing papers or fee)

OIP E 3072
FEB 07 2003
PATENT & TRADEMARK

02-10-03

2665
\$

Method of Transmission: EV218560394US

CASE DOCKET NO. IBN-0014

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In reference to application of John K. Renwick et al.

Serial No. 09/405,237

FEB 13 2003

For Apparatus and Method for Forwarding Data on Multiple Label-Switched Data Technology Center 2600

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☒ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	22	Minus	** 30	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	9	Minus	*** 3	6	\$ 42	\$ 84	\$ 252.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input checked="" type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 55.00
Total additional for claims, time extensions and disclaimer fees							\$ 307.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

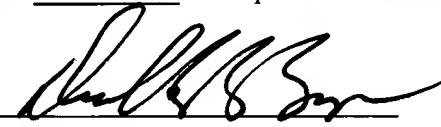
* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of 0.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.

Respectfully Submitted,


Donald R. Boys
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